

**UNIVERSITY DISCIPLINE APPEAL COMMITTEE
(UDAC)**

APPEAL APPLICATION

An Appeal Application will not be accepted by the Secretary of the Board of Governors unless the Application is complete and filed within the two week time limit specified in the Code of Student Conduct. (See *Appeals* section of Code of Student Conduct.)

(Please type or print legibly)

NAME: _____

STUDENT NUMBER: _____

LOCAL ADDRESS:

PERMANENT ADDRESS:

Street

Street

City/Prov.

Postal Code

City/Prov.

Postal Code

Telephone: _____

Telephone: _____

I request that all correspondence be sent to my local address () my permanent address () my legal counsel ()

I can be contacted by electronic mail at the following e-mail address: _____

It is the appellant's responsibility to notify the University Secretariat immediately of any change to the above information.

I hereby appeal the decision of: _____

Sanction: _____

DETAILS OF THE APPEAL

GROUNDINGS FOR APPEAL:

Note: Appeals to UDAC must be based on one or more of the grounds set out in Part L, sections 1 and 2 of the Code of Student Conduct.

(Check all of the following that apply)

1. ___ The finding of misconduct was unreasonable or unsupportable on the evidence (if the finding of misconduct resulted in any of the following sanctions: forfeiture of University awards or financial assistance, suspension or expulsion)
2. ___ The sanction imposed was unreasonable or unsupportable on the evidence (if the sanction imposed was any of the following: forfeiture of University awards or financial assistance, suspension or expulsion)
3. ___ There was a serious procedural error(s) in the hearing of the complaint which was prejudicial to the appellant
4. ___ New evidence not available at the time of the earlier decision has been discovered, which casts doubt on the correctness of the decision
5. ___ The Respondent maker did not have the authority under the Code to make a finding of misconduct or impose a sanction against the appellant

EXPLAIN GROUNDS FOR APPEAL IN DETAIL: (Do not leave blank. Add additional pages as needed to fully explain your grounds of appeal.)

Note: You must also enclose a copy of the decision you are appealing and all other relevant documentation in support of your appeal. If the ground for appeal is new evidence, the new evidence must be described clearly, including the names of any witnesses.

OUTCOME SOUGHT: (Do not leave blank)

IMPORTANT NOTE: The Code of Student Conduct states that an appeal panel may, in its discretion, hold an oral hearing or make its decision solely on the basis of the written material filed by the parties, provided that it shall hold an oral hearing if a party satisfies it that there is good reason for doing so (Part L, s. 15). If you wish an oral hearing, please attach an additional page setting out your reason(s).

LEGAL COUNSEL: If you have retained legal counsel, complete the following:

Name of Legal Counsel: _____

Name of Firm (if applicable): _____

Address: _____

Telephone: _____ E-mail address: _____

DOCUMENTATION (See *Appeals, Procedures* section in Part L of Code of Student Conduct)

An incomplete Appeal Application will not be accepted by the Secretary of the Board of Governors. A copy of the decision being appealed and all relevant documentation in support of the appeal must be attached to the Appeal Application. The Appeal Application must contain the grounds for the appeal, the outcome sought, and a full statement supporting the grounds for the appeal. A completed Application for Hearing must be received in the University Secretariat (address below) within two weeks after the issuance of the decision which is being appealed.

The Secretary of the Board of Governors will provide the Respondent with a copy of the Appeal Application and attachments. The Respondent must file a written response within 10 days. A copy of the response will be provided to the Appellant who may file a reply within 10 days of receipt of the response.

* Appeals are heard by a panel of UDAC. A list of the current members of UDAC is available from the University Secretariat.

SIGNATURE

I confirm that I have fully completed this Appeal Application and have attached all documentation that is relevant to my appeal.

_____ Date

_____ Signature

University Secretariat
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The University of Western Ontario
London, Ontario N6A 5B8
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E-mail: czuk3@uwo.ca